

February 20, 2002

**Draft**

Department of Children's Services (DCS)  
74 Hull Building  
436 6<sup>th</sup> Avenue  
Nashville, TN 37247

RE:	Member Name:	John Doe	BPN Effective Date:	01/02/2002
	Member ID:	999-99-9999	BPN Termination Date:	02/16/2002
	Member DOB:	01/01/1995		

Dear DCS Case Manager:

Please accept this letter as confirmation that the member listed above has eligibility in TennCare<sup>SM</sup> Select and should access primary care through the Best Practice Network (BPN). This letter should be used in lieu of a TennCare<sup>SM</sup> Select member ID card to access all covered benefits. **The eligibility period spans (date) to (date).**

If you contact the Bureau of TennCare<sup>SM</sup> eligibility line or verify eligibility via MediFax, the above member may be assigned to Preferred Health Plans. However, because the child is in DCS custody, we have approved temporary eligibility in the TennCare<sup>SM</sup> Select. We anticipate the Bureau of TennCare<sup>SM</sup> officially moving this member's coverage to TennCare<sup>SM</sup> Select in the next few days. If the Bureau of TennCare<sup>SM</sup> does not approve permanent eligibility with TennCare<sup>SM</sup> Select BPN, then the member may have continued coverage through the other MCO, Preferred Health Plans, as long as they remain eligible for benefits through the Bureau of TennCare<sup>SM</sup>.

TennCare<sup>SM</sup> Select will honor and reimburse covered services rendered during the eligibility period indicated at the top of this letter. **Providers should call the TennCare<sup>SM</sup> Select Best Practice Network Unit at 1-800-451-9147 for eligibility verification or additional questions, Monday through Friday 8 a.m. to 6 p.m. EST.**

Sincerely,

Mary Ann Gordon  
Customer Service Associate  
TennCare<sup>SM</sup> Select Best Practice Network

*Para información acerca de TennCare en español llame al 1-800-669-1851.*

No person on the grounds of race, color, national origin, sex, age, religion or disability shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or service provided by Volunteer State Health Plan, Inc.